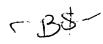
PART B - FEE(S) TRANSMITTAL

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. RRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 04/08/2003 awrence R. Fraley IBM Corporation / IP Law Dept. N50/040-4 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below. 1701 North Street Endicott, NY 13760 (Depositor's name (Signature) (Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO FILING DATE APPLICATION NO. END 920000141US1 5327 09/978,442 10/16/2001 Christina M. Bovko TITLE OF INVENTION: INTERCONNECT STRUCTURE AND METHOD OF MAKING SAME SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE \$300 \$1600 07/08/2003 NO \$1300 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT NORRIS, JEREMY C 2827 174-262000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Lawrence R. Fraley or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered attorney or agent) and the names of up to 2 XX "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE International Business Machines Corporation Armonk, NY Please check the appropriate assignee category or categories (will not be printed on the patent) individual Ascorporation or other private group entity is government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. XX Issue Fee Payment by credit card, Form PTO-2038 is attached. XX Publication Fee The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0457 (enclose an extra copy of this form). ☐ Advance Order - # of Copies Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) (Date) Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney of agent; or the assignee or oth interest as shown by the records of the United States Patent and Trademark Office. or other party in 09978442 07/07/2003 EHAILE2 00000073 090457

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